

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 49 | 2/20/01 |
| FORMALITY REVIEW | H.S | 866 | 03.21.01 |
| RESPONSE FORMALITY REVIEW | M.H | 625 | 11-21-01 |
| | 123 | TC906 | 12/03/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed ✓ I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

C.C.
 03-22-01
 11/28/01
 304
 12/10/03